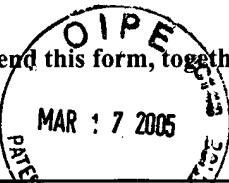


**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
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MAR 17 2005

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21186 7590 12/15/2004

**SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.**  
**P.O. BOX 2938**  
**MINNEAPOLIS, MN 55402**

03/18/2005 RMEBRAH1 00000174 10786768

01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:8001 9.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/786,768	02/25/2004	Michael S. Briner	703.007US8	2838

TITLE OF INVENTION: READ-BIASING AND AMPLIFYING SYSTEM

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Michael M. Linse	(Depositor's name)
<i>Michael Linse</i>	(Signature)
14 MARCH 2005	
(Date)	

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300	\$1700	03/15/2005		
EXAMINER		ART UNIT	CLASS-SUBCLASS				
DINH, SON T		2824	365-185210				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).							
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list				
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							

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(A) NAME OF ASSIGNEE

Micron Technology Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Marvin L. Beekman

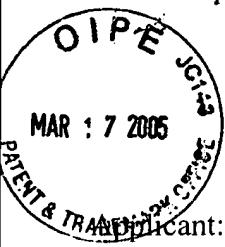
Typed or printed name Marvin L. Beekman

Date 3-14-05

Registration No. 38,377

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Michael S. Briner

Title: READ-BIASING AND AMPLIFYING SYSTEM

Docket No.: 703.007US8

Serial No.: 10/786,768

Filed: February 25, 2004

Due Date: March 15, 2005

Examiner: Son T. Dinh

Group Art Unit: 2824

Customer No.: 21186

Confirmation No.: 2838

Commissioner for Patents

**Notice of Allowance Date:**

Attn: MAIL STOP ISSUE FEE

December 15, 2004

P.O. Box 1450

Alexandria, VA 22313-1450

We are transmitting herewith the attached:

- A check in the amount \$ 1400.00 to cover the Large Entity Issue Fee Payment.
- A check in the amount \$ 9.00 to cover the Extra Patent Copies Fee (3 copies).
- Issue Fee Transmittal (Form PTOL-85).
- Communication Re: Fee Address (1 page).
- A check in the amount \$ 300.00 to cover the Publication Fee Payment.
- A return postcard.

**Please charge any additional required fees for the Issue Fee Payment or credit overpayment to Deposit Account No. 19-0743.**

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

By Marvin L. Beekman  
Marvin L. Beekman  
Reg. No. 38,377  
MLB:CMG:mml

Customer Number: 21186

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Michael M Linse  
Name

Son T. Dinh  
Signature